

|   | 30 Day Follow-Up  |  |                 |         | 1 Year Follow-Up  |  |                 |      |
|---|---|--|-----------------|---------|---|--|-----------------|------|
| <b>Contact Date</b>                                   |   |  |                 |         |   |  |                 |      |
| <b>Current Living Status</b>                          | Home<br>Nursing<br>Home/Extended<br>Care<br>Assisted Living<br>In Hospital<br>ND          | Dead<br>Date of Death _____<br>Cause of Death<br>Neurologic<br>Cardiac<br>Pulmonary<br>Vascular<br>Infection<br>Renal<br>Unknown |                 |         | Home<br>Nursing<br>Home/Extended<br>Care<br>Assisted Living<br>In Hospital<br>ND          | Dead<br>Date of Death _____<br>Cause of Death<br>Neurologic<br>Cardiac<br>Pulmonary<br>Vascular<br>Infection<br>Renal<br>Unknown |                 |      |
| <b>Additional Procedure</b>                           | Yes   | No   |                 |         | Yes   | No   |                 |      |
|   | CAS   | CEA  |                 |         | CAS   | CEA  |                 |      |
|   | Date  |  |                 | Date    |   |  |                 |      |
| <b>Neurologic Deficit(s) Occurred Since Discharge</b> | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
|   | Deficit occurred and resolved w/in 24 hours (i.e. TIA)                                    |  |                 |         | Deficit occurred and resolved w/in 24 hours (i.e. TIA)                                    |  |                 |      |
|   | Deficit occurred and duration was greater than 24 hours, but completely resolved          |  |                 |         | Deficit occurred and duration was greater than 24 hours, but completely resolved          |  |                 |      |
|   | Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve |  |                 |         | Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve |  |                 |      |
|   | Date  |  |                 | Date    |   |  |                 |      |
| <b>Territory of Neurologic Deficit</b>                | Yes   | No   |                 |         | Yes   | No   |                 |      |
|   | RT  | LT   |                 |         | RT  | LT   |                 |      |
|   | Retinal   | Hemispheric  | Vertebrobasilar |         | Retinal   | Hemispheric  | Vertebrobasilar |      |
|   | Unknown   |  |                 | Unknown |   |  |                 |      |
| <b>Carotid Duplex</b>                                 | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
|   | ≤50%  | >80%   |                 |         | ≤50%  | >80%   |                 |      |
|   | >50%  | Occluded   |                 |         | >50%  | Occluded   |                 |      |
|   | >60%  | Not Occluded   |                 |         | >60%  | Not Occluded   |                 |      |
|   | >70%  |  |                 | >70%    |   |  |                 |      |
| <b>Blood Pressure</b>                                 |   |  |                 |         |   |  |                 |      |
| <b>Smoking</b>  | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
| <b>Antiplatelets</b>                                  | Yes   | No   | ND              | C/I     | Yes   | No   | ND              | C/I  |
| <b>Statin</b>   | Yes   | No   | ND              | C/I     | Yes   | No   | ND              | C/I  |
| <b>Aspirin</b>  | Yes   | No   | ND              | C/I     | Yes   | No   | ND              | C/I  |
| <b>Beta Blocker</b>                                   | Yes   | No   | ND              | C/I     | Yes   | No   | ND              | C/I  |
| <b>ACE Inhibitor</b>                                  | Yes   | No   | ND              | C/I     | Yes   | No   | ND              | C/I  |
| <b>Anticoagulant</b>                                  | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
| <b>ARBs</b>   | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
| <b>Other Cholesterol Lowering Agents</b>              | Yes   | No   | ND              |         | Yes   | No   | ND              |      |
| <b>MI</b>   | Yes   | No   | ND              | Date    | Yes   | No   | ND              | Date |